

EXHIBIT K



Fair Hearing Worksheet

Member:	JESSICA MCKENNA
Member ID:	10000396
Method of Receipt:	Secure Email
Claim/Prior Authorization Number:	202316426198401

Requested Treatment:

- D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant;
- D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant.

Denied Reason (If the service denied for occlusion, be sure to include the teeth in occlusion): Services are only covered by your Health Plan for in network dentists. Our records do not show that your dentist is in our provider network. You may contact us for a dentist that is in network in your area. We have also told your dentist.

Timeline:

- 6/13/2023: Authorization 202316426198401 was submitted by Dr. Sean Ference
- Treatment submitted: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant; D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant.
- 6/14/2023: Treatment was determined and denied
- 7/25/2023: Member filed an appeal with DentaQuest. Complaints and Grievance department received and created an appeal.
- 8/9/2023: A resolution letter was submitted to the member and provider with the outcome of the re-review.
- 8/23/2023: Member filed a State Fair Hearing Request

State Fair Hearing Request

** REQUEST FOR FAIR HEARING **
**

** REQUEST FOR FAIR HEARING

**** REQUEST FOR FAIR HEARING ****

OAH - 1891
AND DISABILITY ASSISTANCE
NOTICE OF FAIR HEARING REQUEST
HEARINGS

NEW YORK STATE OFFICE OF TEMPORARY
DATE CREATED 08/23/23
OFFICE OF ADMINISTRATIVE
PAGE 2

CASE # : MA116440 CIN : EY34913K **FAIR HEARING # :**
8648464H DISPOSITION:
OFFICE : UNIT : MASSI WORKER :
MA136 REPRESENTATIVE: LEGAL AID SOCIETY OF NENY
CASE NAME : MCKENNA JESSICA REQUEST DATE :
08/16/23 KOSTADINOVA YOANA N
STREET : 292 CENTER LINE RD REQUEST SOURCE :
EMAIL 40 NEW STREET
CITY : MIDDLE GROVE ST NY ZIP 12850 POST/FAX DATE :
PHONE : 518-573-7269 SEX U DOB [REDACTED] SOC SEC NUMBER :
[REDACTED] SARATOGA SPRING NY 12866

DAI :
518-587-5188(446)
HEARING DATE: / / TIME: : HO ASSIGNED: OLD HEARING
DATE/TIME: / / : OLD HO ASSIGNED:

LOCATION : **HEARING TYPE: TELEPHONE HEARG** SCHEDULE
STATUS: T SCHEDULING RESTRICTIONS

M T W T F
AGENCY : SARA VNA INTERPRETER : ISSUE
DATE: AM

CATEGORY : MA SUB-CATEGORY: HOLD COMPLIANCE
COMPLAINT: PM

COMPLIANCE OBTAINED :
CAT ACTION ISSUES
AIDSTATUS NOTICE # NOTICE DATE EFFECTIVE DATE
MA **DENY 212** - MANAGED LONG TERM CARE CLINICAL ISSUES
NA 06/14/23 06/14/23
MA INAD 998 - **TELEPHONE HEARING** FOR NON-HOMEBOUND APPELLANTS
NA

PLACE OF HEARING : SARATOGA CO DEPT OF SOCIAL SERVICES

152 WEST HIGH STREET
BALLSTON SPA NY 12020

COMMENTS: MA DENY: MLTC ISSUES (VNA HOMECARE, PLAN ID#03529059)
REQUESTOR: YOANA KOSTADINOVA, LEGAL REP
REBUTTAL:
DENIAL OF PRE-AUTHORIZATION FOR DENTAL SERVICES IS INCORRECT
DUE TO NO IN NETWORK PROVIDER AVAILABLE TO PERFORM THE SERVICES, OUT
OF NETWORK PROVIDER COVERAGE SHOULD BE AUTHORIZED.
CLIENT IS HOMEBOUND AND CANNOT TRAVEL TO A HEARING LOCATION
DUE TO
PLEASE MULTIPLE MEDICAL CONDITIONS, WE WILL PROVIDE A MEDICAL NOTE.
MARK AS HOMEBOUND HEARING.

8/21/23

NBX/SKY

COPY SENT TO:

EXHIBIT A

Provider's Original Authorization
Request & Supporting
Documentation

01/22/2013 05:21 5186890035

REED FERENCE

PAGE 02/05

12:56:21 PM 2023164261984

ADA Dental Claim Form

ADA VERSION 2012

HEADER INFORMATION																			
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input checked="" type="checkbox"/> Request for Predetermination/Prior Authorization <input type="checkbox"/> EPSDT/Title XIX																			
2. Predetermination/Prior Authorization Number																			
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION																			
3. Company/Plan Name, Address, City, State, Zip Code DentaQuest PO Box 2906 Milwaukee, WI 53201-2906																			
OTHER COVERAGE (Mark applicable box and complete items 8-11, if none, leave blank.)																			
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 8-11 for dental only.)																			
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)																			
6. Date of Birth (MM/DD/YYYY)		7. Gender <input type="checkbox"/> M <input type="checkbox"/> F		8. Policyholder/Subscriber ID (SSN or ID#)															
9. Plan/Group Number		10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other																	
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code																			
POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)																			
12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code McKenna, Jessica Middle Grove, NY 12850																			
13. Date of Birth (MM/DD/YYYY)		14. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F		15. Policyholder/Subscriber ID (SSN or ID#) 10000396															
16. Plan/Group Number		17. Employer Name																	
PATIENT INFORMATION																			
18. Relationship to Policyholder/Subscriber in #12 Above <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other								19. Reserved For Future Use											
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																			
21. Date of Birth (MM/DD/YYYY)		22. Gender <input type="checkbox"/> M <input type="checkbox"/> F		23. Patient ID/Account # (Assigned by Dentist) 109415 40648															
RECORD OF SERVICES PROVIDED																			
24. Procedure Date (MM/DD/YYYY)		25. Area of Oral Care		26. Tooth Number(s) or Letter(s)		27. Tooth Surface		28. Procedure Code		29. Cmg. Pointer		30. Description		31. Fee					
1		10						D7951		01		Sinus Graft/Ridge Augmen.-late		3200.00					
2		20						D7951		01		Sinus Graft/Ridge Augmen.-late		3200.00					
3		10						D7950		01		Guided bone regeneration		3000.00					
4		20						D7950		01		Guided bone regeneration		3000.00					
5																			
6																			
7																			
8																			
9																			
10																			
32. Missing Teeth Information (Place an "X" on each missing tooth.)										34. Diagnostic Code List Qualifier <input type="checkbox"/> (ICD-9 = B; ICD-10 = AB)		31a. Other Fee(s)							
1		2		3		4		5		6		7		8					
9		10		11		12		13		14		15		16					
17		18		19		20		21		22		23		24					
25		26		27		28		29		30		31		32					
33. Remarks										34a. Diagnostic Code(s) (Primary diagnosis in "A")		A		C					
										B		D		32. Total Fee 12400.00					
AUTHORIZATIONS										ANCILLARY CLAIM/TREATMENT INFORMATION									
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.										38. Place of Treatment <input checked="" type="checkbox"/> 11 (e.g. 11-office; 22-OP Hospital) 39. Enclosures (Y or N) <input type="checkbox"/>									
X Patient Signature on file 06/12/2023 Patient/Guardian Signature Date										40. Is Treatment for Orthodontics? <input checked="" type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)									
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dental or dental entity.										41. Date Appliance Placed (MM/DD/YYYY)									
X Subscriber Signature Date										42. Months of Treatment Remaining <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)									
BILLING SERVICE OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured subscriber.)										43. Replacement of Prosthesis <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)									
44. Name, Address, City, State, Zip Code Sean Ference DDS 838 Western Avenue Albany, NY 12203										44. Date of Prior Placement (MM/DD/YYYY)									
45. NPI 1609360999 50. License Number 061790 51. SSN or TIN 872775809										45. Treatment Resulting from <input type="checkbox"/> Occupational Injuries <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident									
52. Phone Number (518) 489-3201 52a. Additional Provider ID										46. Date of Accident (MM/DD/YYYY) 47. Auto Accident State									
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.										TREATING DENTIST AND TREATMENT LOCATION INFORMATION									
54. NPI 1609360999 55. License Number 061790										53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.									
56. Address, City, State, Zip Code 838 Western Avenue Albany, NY 12203										54. Signed (Treating Dentist) 06/12/2023 Date									
57. Phone Number (518) 489-3201 58. Additional Provider ID										55. Use Number 1223P0300X 56. Provider Specialty Code									

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ADA VERSION 2012

HEADER INFORMATION															POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)																																																																																																																																																																																								
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01/22/2013 05:21 5186890835

REED FERENCE

PAGE 01/05

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**CAPITAL
REGION**

Periodontics & Dental Implants

 Reed FERENCE DDS, M. DENT. SC
 Sean FERENCE DDS, M. DENT. SC

 838 Western Ave
 Albany, NY 12203

(518) 489-3201

www.albanyperiodontimplants.com

Fax

To:	Claims dept.	From:	Lange
Fax:	(212) 834-3589	Pages:	5
Phone:		Date:	
Re:		Cc:	

☐ Urgent

☐ For review

☐ Please
comment

☐ Please reply ☐ Please recycle

Comments: I've sent this to nscantia
as well.

01/22/2013 05:21 5186890035

Name: Jessica McKenna (109415)

Image Name: Med Info

REED FERENCÉ

PAGE 04/05

12:56:21 PM 2023164261987

01/21/2023 13:40 PM JN:104480015 F02:127003112

Page: 2

40 New Street, Saratoga Springs, New York 12866
(518) 587-5188 • (518) 587-5188 • Fax: (518) 587-0959

This office serves Saratoga, Warren and Washington Counties

James E. Richter
PresidentMike Rangel, Esq.
Executive DirectorPeter J. Kaplowitz
Deputy DirectorWendy Weinberg
Deputy DirectorErica English
Deputy Dir.

May 30, 2023

Mr. Ferencé (and):
Sean Ferencé, D.D.S.
836 Weights Ave.
Albany NY 12203
Fax no.: 518-689-0013

Re: Jessica McKenna, DOB: [REDACTED]

Dear Dr. Ferencé:

Our office is assisting your patient, Ms. Jessica McKenna with an appeal of a prior authorization denial by DenisQuest. Ms. McKenna shared with us that on or about April 20, 2023 your office called DenisQuest for a pre-authorization for services, which was verbally denied. We are in the process of submitting an appeal of that verbal denial. Please provide us with a copy of the request for services, or otherwise let us know the procedure codes for the denied services. We would like to include specific codes in the appeal request. Please send us a copy of the documents via fax to (518) 587-0959, or call me at (518) 587-5188, ext. 446 to provide the codes.

A HIPAA Authorization, signed by Jessica McKenna is enclosed.

Should you have any questions or concerns about this request, please contact me at ph: 518-587-5188, ext. 446. Thank you for your assistance with this matter.

Kindest regards,

Legal Aid Society of
Northwestern New
York, Inc. by
Yanni
Kaplowitz, Esq.
Senior Attorney
40 New Street
Saratoga Springs, NY 12866

Cc: Jessica McKenna

01/22/2013 05:21 5186898035

REED FERENCE

PAGE 05/05

Name: Jessica McKenna (109415)

Image Name: Letter for ins

12:56:21 PM 2023164261988

PRIMARY CARE**Complex Care Center**

Adela Planerova, DDS, MS
 Director of Dental Services at Complex Care Center
 905 Culver Rd, Rochester, NY, 14609



Re: Jessica, McKenna

July 14, 2023

To whom it may concern,

Our mutual patient Jessica McKenna was recently seen for evaluation and treatment at The Complex Care Center, Dental clinic, Sawin Institute for Oral Health, University of Rochester.

This patient's complex medical history includes familial Cold Autoinflammatory disease, severe exocrine pancreatic insufficiency, small fiber neuropathy, autonomic dysfunction, bile duct dilation, chronic pancreatitis, colitis, colitis-intestis, fatty liver, hypermobility syndrome, hypophosphatemia, joint and bone pain, bone resorption, lymphadenopathy, lymphedema, malabsorption, mega colon, migraine, non-neuropathic hereditary angioedema, pelvic venous congestion, poly arthritis, post-partum orthostatic tachycardia syndrome, recto anal inhibitory reflex, Reynaud's sy, Dry mouth, Allergies to Advion, Glaxo, Stimulant (cocaine, Tofran, morphine).

History of problem: Jessica is 34 y old female in our care for dental and medical needs. We provided full mouth extractions at the Operating Room setting with General Anesthesia on 2/2020. We fabricated complete dentures on 7/2020, unfortunately with side effect of possible severe local allergic reaction to acrylic bases of the dentures.

Based on clinical and X-ray dental examination the diagnosis includes:

- Maxillary and mandibular.

The current assessment suggests:

- Patient has been treated at our recommendation at (18 Strong) recently and all remaining teeth were removed during general anesthesia visit.
- Our treatment plan included replacing the existing teeth with dentures.
- Patient experienced localized allergic reactions to acrylic bases of dentures and did not tolerate to wear the dentures.
- Patient is struggling with food intake as she is not able to use the dentures and it affects her walking.
- Alternative treatment plan would include placement of implants which would support maxillary and mandibular bridges or overdenture, usually this treatment is not covered by insurance.

Jessica's underlying medical disease limits her ability to tolerate and manage a removable denture option. We suggest to restore the function of dentition by treatment alternative of fixed bridges supported by implants due to significance of dentition health due to malnutrition. We believe that restoration of dentition will benefit patient's well-being overall.

Thank you for consideration to support this treatment plan.
 Best Regards,

Adela Planerova, DDS, MS

A handwritten signature in black ink, appearing to read "Adela".

905 Culver Rd, Rochester, NY 14609
 Appointment: 585-378-7890

www.ora.ora.edu
 Fax: 585-381-1311

EXHIBIT B

DentaQuest's Authorization Determination Letter to Provider

DentaQuest - Authorization Determination

Please address questions to:

DentaQuest

DentaQuest IPA of New York, LLC
PO BOX 2906
Milwaukee, WI 53201-2906
Phone: (888) 308-2508
Fax: (262) 834-3589

Sean Ference
838 Western Ave
Albany, NY 12203

Provider: Sean Ference
Service Office: Sean Ference DDS
838 Western Ave
Albany, NY 12203

File Number: 202316426198401

Receipt Date: 06/13/2023

Determination Date: 06/14/2023

Mail Date: June 14, 2023

Member:

10000396

JESSICA MCKENNA

DOB: [REDACTED]

Group: NY Nascentia Health Inc

SubGroup: NY Nascentia Health Adult
Medicaid MLTC

Procedure:		Tooth ID	Qty	Status	Determination Type	Determination Reason	Additional Denial
D7951	sinus augmentation	Upper Right Quadrant	1	Denied	Admin	Services provided by an Out-of- Network or Non-contracted provider are not provided under this benefit program.	
D7951	sinus augmentation	Upper Left Quadrant	1	Denied	Admin	Services provided by an Out-of- Network or Non-contracted provider are not provided under this benefit program.	
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Upper Right Quadrant	1	Denied	Admin	Services provided by an Out-of- Network or Non-contracted provider are not provided under this benefit program.	
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Upper Left Quadrant	1	Denied	Admin	Services provided by an Out-of- Network or Non-contracted provider are not provided under this benefit program.	

Expiration Date: 12/11/2023



Auth Priority: Standard

Documentation Requested:	N/A
HLD Index/Salzmann/Ortho Score:	N/A
SPU Information:	N/A
Facility Name:	N/A
Tentative Date of Service:	N/A
Medical Auth Number:	N/A
Medical Auth Effective Start Date:	N/A
Medical Auth Effective End Date:	N/A

Additional Comments:

***** IMPORTANT: DO NOT RETURN THIS AUTHORIZATION LETTER. ALL CORRESPONDENCE MUST BE SUBMITTED ON A 2006 OR GREATER ADA CLAIM FORM FOR AUTHORIZATION REQUESTS OR PAYMENT REQUESTS. ANY REQUESTS NOT RECEIVED ON THE APPROPRIATE ADA CLAIM FORM WILL BE RETURNED TO YOUR OFFICE**

Receipt of this notification in no way guarantees or implies payment will be made. Payment is contingent upon clinical criteria and/or the member's eligibility and benefit allowance on the date of determination. All appeals should be directed to DentaQuest in writing at DentaQuest, Attn: Appeals PO Box 2906, Milwaukee, WI 53201 within sixty (60) calendar days for pre-service or post-service requests. All documents, records, and other information to support the appeal, including any written comments, should accompany the written appeal request. The provider may appeal on behalf of the member as an authorized representative. The provider or member may request the appeal to be expedited. A written notice of appeal determination will be sent within thirty (30) calendar days from receipt of seventy-two (72) hours for expedited requests. If a provider has questions or concerns regarding the determination, they may speak with a Dental Consultant during regular business hours. Providers and members may request a written copy of the clinical criteria or benefit provision used in the determination by calling DentaQuest at 1-(888) 308-2508.



EXHIBIT C

**DentaQuest's Initial Adverse
Determination Letter to Member**

DentaQuest
PO Box 2906
Milwaukee, WI 53201-2906

06142023206864M

JESSICA MCKENNA
PO BOX 83
MIDDLE GROVE, NY 12850

Authorization Reference Number: 202316426198401

* The CDT Code and Nomenclature in this notice are obtained from Current Dental Terminology (including procedure codes, nomenclatures, descriptors and other data contained therein) ("CDT"). CDT is copyright ©2023 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.





1050 West Genesee Street
Syracuse, New York 13204

888.477.HOME



nascentiahealthoptions.org

INITIAL ADVERSE DETERMINATION DENIAL NOTICE

June 14, 2023

JESSICA MCKENNA
PO BOX 83
MIDDLE GROVE, NY 12850

Enrollee Number: 10000396
Coverage Type: MLTC Partial Capitation Plan
Service: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant
D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant
Provider: Sean Ference
Plan Reference Number: 202316426198401

Dear JESSICA MCKENNA:

This is an important notice about your services. Read it carefully. If you think this decision is wrong, you can ask for a Plan Appeal by **08/13/2023**. You are not responsible for payment of covered services and this is not a bill. Call this number if you have any questions or need help: 1-888-477-4663.

Why am I getting this notice?

On June 13, 2023, you or your provider asked for
D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant
D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant
provided by Sean Ference.

You are getting this notice because DentaQuest on behalf of Nascentia Health Options has denied your request for services.

Why did we decide to deny the request?

On June 14, 2023, DentaQuest on behalf of Nascentia Health Options decided to deny this service because:

the service can be provided by a participating provider.

- The request for sinus augmentation, Upper Right Quadrant was denied.
- The request for sinus augmentation, Upper Left Quadrant was denied.
- The request for facial surgery, Upper Right Quadrant was denied.



- The request for facial surgery, Upper Left Quadrant was denied.
- This decision was based on:
- Services are only covered by your Health Plan for in network dentists. Our records do not show that your dentist is in our provider network. You may contact us for a dentist that is in network in your area. We have also told your dentist.

What if I don't agree with this decision?

If you think our decision is wrong, you can tell us why and ask us to change our decision. This is called a **Plan Appeal**. There is no penalty and we will not treat you differently because you asked for a Plan Appeal.

You have **60 calendar days** from the date of this notice to ask for a Plan Appeal. The deadline to file a Plan Appeal is **08/13/2023**.

Who can ask for a Plan Appeal?

You can ask for a Plan Appeal, or have someone else ask for you, like a family member, friend, doctor, or lawyer. If you told us before that someone may represent you, that person may ask for the Plan Appeal. If you want someone new to act for you, you and that person must sign and date a statement saying this is what you want. Or, you can both sign and date the attached Plan Appeal Request Form. If you have any questions about choosing someone to act for you, call us at: 1-888-477-4663. TTY users call 711.

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Independent Consumer Advocacy Network (ICAN)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017

Phone: 1-844-614-8800 (**TTY Relay Service:** 711)

Web: www.icannys.org | **Email:** ican@cssny.org

Are you having trouble getting the substance use disorder or mental health services that you need?

The Community Health Access to Addiction and Mental healthcare Project (CHAMP) is an ombudsman program that can help you with insurance rights and getting coverage for your care.

CHAMP can help! Contact:

Community Health Access to Addiction and Mental Healthcare Project (CHAMP)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017

Phone: 1-888-614-5400 (**TTY Relay Service:** 711)

Web: <https://www.cssny.org/programs/entry/community-health-access-to-addiction-and-mental-healthcare-project-champ>

Email: ombuds@oasas.ny.gov



How do I ask for a Plan Appeal?

You can call, write or visit us to ask for a Plan Appeal. You or your provider can ask for your Plan Appeal to be **fast tracked** if you think a delay will cause harm to your health. **If you need help, or need a Plan Appeal right away, call us at 1-888-477-4663.**

Step 1 – Gather your information.

When you ask for a Plan Appeal, or soon after, you will need to give us:

- Your name and address
- Enrollee number
- Service you asked for and reason(s) for appealing
- Any information that you want us to review, such as medical records, doctors' letters or other information that explains why you need the service.
- Any specific information needed for the plan to render a decision on appeal.

If your Plan Appeal is fast tracked, there may be a short time to give us information you want us to review.

To help you prepare for your Plan Appeal, you can ask to see the guidelines, medical records and other documents we used to make this decision. You can ask to see these documents or ask for a free copy by calling 1-888-477-4663.

Step 2 – Send us your Plan Appeal.

Give us your information and materials by phone, fax, mail or in person:

Phone 1-888-477-4663
 Fax 315-870-7788
 Mail 1050 West Genesee Street, Syracuse, NY 13204
 In Person 1050 West Genesee Street, Syracuse, NY 13204

To send a written Plan Appeal, you may use the attached Appeal Request Form, but it is not required. Keep a copy of everything for your records.

What happens next?

We will tell you we received your Plan Appeal and begin our review. We will let you know if we need any other information from you. If you asked to give us information in person, Nascentia Health Options will contact you (and your representative, if any).

We will send you a free copy of the medical records and any other information we will use to make the appeal decision. If your Plan Appeal is fast tracked, there may be a short time to review this information.

We will send you our decision in writing. If fast tracked, we will also contact you by phone. If you win your Plan Appeal, your service will be covered. If you lose your Plan Appeal, we will send you our Final Adverse Determination. The Final Adverse Determination will explain the reasons for our decision and your appeal rights. If you lose your Plan Appeal, you may request a Fair Hearing and, in some cases, an External Appeal.



When will my Plan Appeal be decided?

Standard— We will give you a written decision as fast as your condition requires but no later than 30 calendar days after we get your appeal.

Fast Track —We will give you a decision on a fast track Plan Appeal within 72 hours after we get your appeal.

Your Plan Appeal will be fast tracked if:

- A delay will seriously risk your health, life, or ability to function;
- Your provider says the appeal needs to be faster;
- You are asking for more of a service you are getting right now;
- You are asking for home care services after you leave the hospital;
- You are asking for more inpatient substance abuse treatment at least 24 hours before you are discharged; or
- You are asking for mental health or substance abuse services that may be related to a court appearance.

If your request for a Fast Track Plan Appeal is denied, we will let you know in writing and will review your appeal in the standard time.

For both Standard and Fast Track - If we need more information about your case, and it is in your best interest, it may take up to 14 days longer to review your Plan Appeal. We will tell you in writing if this happens.

You or your provider may also ask the plan to take up to 14 days longer to review your Plan Appeal.

Can I ask for a State Fair Hearing?

You have the right to ask the State for a Fair Hearing about this decision **after** you ask for a Plan Appeal **and**:

- You receive a Final Adverse Determination. You will have 120 days from the date of the Final Adverse Determination to ask for a Fair Hearing;

OR

- The time for us to decide your Plan Appeal has expired, including any extensions. **If you do not receive a response to your Plan Appeal or we do not decide in time, you can ask for a Fair Hearing.** To request a Fair Hearing call 1-800-342-3334 or fill out the form online at <http://otda.ny.gov/oah/FHReq.asp>.

Do I have other appeal rights?

You have other appeal rights if your plan said the service was: 1) not medically necessary, 2) experimental or investigational, 3) not different from care you can get in the plan's network, or 4) available from a participating provider who has the correct training and experience to meet your needs.

For these types of decisions, if we do not answer your Plan Appeal on time, the original denial will be reversed.



For these types of decisions, you may be eligible for an External Appeal. An External Appeal is a review of your case by health professionals that do not work for your plan or the State. You may need your doctor's help to fill out the External Appeal application.

Before you ask for an External Appeal:

- You must file a Plan Appeal and get the plan's Final Adverse Determination; or
- If you ask for a Fast Track Plan Appeal, you may also ask for a Fast Track External Appeal at the same time; or
- You and your plan may jointly agree to skip the Plan Appeal process and go directly to the External Appeal.

You have 4 months to ask for an External Appeal from when you receive your plan's Final Adverse Determination, or from when you agreed to skip the Plan Appeal process.

To get an External Appeal application and instructions:

- Call Nascentia Health Options at 1-888-477-4663; or
- Call the New York State Department of Financial Services at 1-800-400-8882; or
- Go on line: www.dfs.ny.gov

The External Appeal decision will be made in 30 days. Fast track decisions are made in 72 hours. The decision will be sent to you in writing. If you ask for an External Appeal and a Fair Hearing, the Fair Hearing decision will be the final decision about your benefits.

Other help:

You can file a complaint about your managed care at any time with the New York State Department of Health by calling 1-866-712-7197.

You can call Nascentia Health Options at 1-888-477-4663 if you have any questions about this notice.

Sincerely,

Utilization Management Department
DentaQuest

Enclosure: Appeal Request Form

cc: Sean Ference



**Nascentia Health Options APPEAL REQUEST FORM
FOR DENIAL OF SERVICES**

Mail this form to:

Nascentia Health Options
1050 West Genesee Street
Syracuse, NY 13204

Fax to: 315-477-9590

Today's date: _____

Deadline: If you want a Plan Appeal, **you must ask for it on time. You have 60 days** from the date of this notice to ask for a Plan Appeal. The last day to ask for a Plan Appeal about this decision is **08/13/2023**.

Enrollee Information

Name: JESSICA MCKENNA

Enrollee ID: 10000396

Address: PO BOX 83 MIDDLE GROVE, NY 12850

Home Phone: (518) 573-7269 Cell Phone: _____

Plan Reference Number: 202316426198401

Service being Denied: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant

D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant

I think the plan's decision is wrong because:

Check all that apply:

- ☐ I request a Fast Track Appeal because a delay could harm my health.
- ☐ I enclosed additional documents for review during the appeal.
- ☐ I would like to give information in person.
- ☐ I want someone to ask for a Plan Appeal for me:
 - Have you authorized this person with Nascentia Health Options before? YES ☐ NO ☐
 - Do you want this person to act for you for all steps of the appeal or fair hearing about this decision? You can let us know if change your mind. YES ☐ NO ☐

Requester (person asking for me)

Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ Fax #: (_____) _____

Enrollee Signature: _____ **Date:** _____

Requester Signature: _____ **Date:** _____



If this form cannot be signed, the plan will follow up with the enrollee to confirm intent to appeal.



NOTICE OF NON-DISCRIMINATION

Nascentia Health Options complies with Federal civil rights laws. **Nascentia Health Options** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Nascentia Health Options provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **Nascentia Health Options** at 1-888-477-4663. For TTY/TDD services, call TTY/TDD 711.

If you believe that **Nascentia Health Options** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Nascentia Health Options** by:

Mail: 1050 West Genesee Street, Syracuse, NY 13204
Phone: 1-888-477-4663 (for TTY/TDD services, call 711)
Fax: 315-870-7788
In person: 1050 West Genesee Street, Syracuse, NY 13204

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)



ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-477-4663 TTY/TDD 711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-4663 TTY/TDD 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-477-4663 TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث اللغة، من خدمات المساعدة اللغوية ندرس لك بلمجان. اتصل برقم 1-888-477-4663 TTY/TDD 711 (> روم هاتف الصم والبكم)	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-477-4663 TTY/TDD 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-4663 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-477-4663 TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-477-4663 TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-4663 TTY/TDD 711.	French Creole
אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר איין שפראך הילף סערוויסעס פריי פון אפצאל. רופט <1-888-477-4663/TTY/TDD>.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-477-4663 TTY/TDD 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <1-888-477-4663/TTY/TDD 711.	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, চোহল নঃখোচায় ভাষা সহায়তা পদে ভববা উপলব্ধ আত। ফোন করুন <1-888-477-4663 TTY/TDD 711>	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në <1-888-477-4663 TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-477-4663 TTY/TDD 711.	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں <1-888-477-4663 711 TTY>.	Urdu



EXHIBIT D

Member's Appeal

07/25/2023 09:41 AM TO:13158707788 FROM:8773069113

Page: 1

Fax Transmission

To: Dentaquest obo Nascentia

From: saratogafax@lasnny.org

Fax: 13158707788

Date: 7/25/2023 9:41:26 AM EDT

RE: appeal request

Pages: 18

Comments:

Please see enclosed expedited appeal request with enclosures.

Thank you,
Yoana

07/25/2023 09:41 AM TO:13158707788 FROM:8773069113

Page: 2



40 New Street, Saratoga Springs, New York 12866
(833) 628-0087 | (518) 587-5188 | Fax: (518) 587-0959

This office serves Saratoga, Warren and Washington Counties

James E. Hocker
President

Nic Rangel, Esq.
Executive Director

Peter D. Racette
Deputy Director

Wendy Wahlberg
Deputy Director

Erica Ludwick
Deputy Director

July 25, 2023

Via facsimile to: 315-870-7788

DentaQuest o/b/o
Nascentia Health Options
1050 West Genesee Street
Syracuse New York 13204

REQUEST FOR FAST TRACK/EXPEDITED PLAN APPEAL

In re: Jessica McKenna, [REDACTED] DOB:

[REDACTED] Enrollee Number 10000396; ph.no.: (518) 573-7269.

Dear DentaQuest:

Our office represents your enrollee Ms. Jessica McKenna. We are in receipt of your Initial Adverse Determination Denial Notice Dated June 14, 2023, with plan reference number: 202316426198401. We hereby request an expedited/fast track appeal of the determination, because Ms. McKenna's conditions are deteriorating due to the lack of dentition. A letter from Ms. McKenna's healthcare provider explaining her health issues and the need for expedited appeal is enclosed herein as Exhibit A.

On June 13, 2023, Dr. Ference requested approval for the following services: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant; and D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant.

We hereby request reversal of the denial and approval of the services.

According to the NY State Medicaid Dental Policy and Procedure Code Manual procedure codes D7950 and D7951 are services covered under the Medicaid plan. See pg. 58, 70 of the Manual. See Exhibit B.

In your Denial Notice you state that: "On June 14, 2023, DentaQuest on behalf of Nascentia Health Options decided to deny this service because: the service can be provided by a participating provider."

"The decision was based on:

- Services are only covered by your Health Plan for in network dentists. Our records do not show that your dentist is in our provider network.

07/25/2023 09:41 AM TO: 13158707788 FROM: 8773069113

Page: 3

You may contact us for a dentist that is in network in your area. We have also told your dentist."

This statement is both incorrect and renders your notice a legal nullity. You have failed to comply with the requirements for adequate notice under 18 NYCRR 358-3.3(a) and 18 NYCRR 358-2.2(a). It is also incorrect and misleading to claim that Ms. McKenna's health plan only covers in network dentists, for the reasons more fully described below. Additionally, Ms. McKenna has reached out on numerous occasions to the plan to find in network dentists. No dentists specializing in prosthodontics, dental anesthesia and implants are available in network in her area. Should there be a participating provider with such specializations in Ms. McKenna's area, please notify us immediately.

The only referral that was ever given to Ms. McKenna for an in-network provider was for a clinic in Schenectady, New York – Hometown Health Centers. They provide only primary and preventative care. They do not have specialists on staff that Ms. McKenna requires due to her complex medical conditions, including but not limited to prosthodontists and dental anesthesiologists. Ms. McKenna's providers have also opined that due to her medical conditions she requires specialized care which cannot be rendered in a clinical setting. Please see enclosed medical notes from Ms. McKenna's primary care provider Amanda A. Devine, NP and from Dr. Ference confirming that the surgeries and procedures which Ms. McKenna needs are not appropriate for a clinic setting, and that given her complicated medical history she requires the care of a specialist. See Exhibit C.

As a health plan, you have an obligation to provide your enrollees with adequate care to address their medical needs, including dental needs. Section 506.2(a) of 18 NYCRR provides that dental care in the Medical Assistance program shall include dental prosthetic and orthodontic appliances required to alleviate a serious health condition including one which affects employability. In order for Medicaid to cover dental implants and implant related services, the request for prior approval must include a letter from the patient's physician explaining how implants will alleviate the patient's medical condition and a letter from the patient's dentist explaining why other covered functional alternatives for prosthetic replacement will not correct the patient's dental condition. New York State Medicaid Program Provider Manual for Dental Procedure Codes Section VIII.

Here, Ms. McKenna has fully complied with the legal requirements for the services to be approved. She has provided a pre-authorization request in which both her dentists and her physician's office explain how implants will alleviate her medical conditions, and why other covered functional alternatives for prosthetic replacement will not correct her dental condition(s). Notably, Ms. McKenna's teeth have been extracted, she is unable to tolerate removable dentures due to her medical

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conditions, which leave implants and related bridgework as the only viable option for restoring her dentition.

Further, The Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract, which you as Medicaid Contractor are bound by, advises, in relevant part: if the Contractor "does not have a Participating Provider with *appropriate training and experience* to meet the particular health care needs of an Enrollee, the Contractor shall make a referral to an appropriate Non-Participating Provider, pursuant to a treatment plan approved by the Contractor in consultation with the Primary Care Provider, the Non-Participating Provider and the Enrollee or the Enrollee's designee. The Contractor shall pay for the cost of the services in the treatment plan provided by the Non-Participating Provider for as long as the Contractor is unable to provide the service through a Participating Provider." (emphasis added.)

Also, the Nascentia Health Options Member Handbook states that Nascentia approves dental prior authorizations for services. See page 15-16 of the Handbook. The Handbook expressly states that if no in network providers are available "Nascentia Health Options will work with providers outside of our network for you to get medically necessary services that are covered." See Handbook pg. 5.

Because no in network providers are available to meet Ms. McKenna's specialized needs, and Ms. McKenna's dental and primary care provider have proposed an appropriate treatment plan for medically necessary services, her treatment with the non-participating provider should be approved.

Further, there is no doubt that Ms. McKenna's lack of dentition affects her employability, because she is a chef by profession, thus both the medical necessity to alleviate a serious health condition and the employability criteria of Section 506.2(a) of 18 NYCRR are met.

For the foregoing reasons, we respectfully request that you review Ms. McKenna's case and rescind your Initial Adverse Determination Denial Notice dated June 13, 2023. We request that the services requested by Dr. Ference be approved as necessary out of network treatment for Ms. McKenna. We believe expedited review of our appeal request is appropriate as Ms. McKenna's health continues to deteriorate daily due to pain and malnutrition, caused by the absence of adequate dentition.

We are enclosing here a letter from Dr. Ference which explains the complexity of Ms. McKenna's case and the need for specialized treatment, and a letter from her primary care provider attesting the same. Exhibit C. We are also enclosing relevant parts of the Nascentia Handbook for your review. Exhibit D.

EXHIBIT F

Provider List



Provider Search Results Directory

Plan name	Nascentia Health Adult Medicaid MLTC
Date created	09/01/23
Prepared by	
City	Middle Grove
State	New York
Country	USA
Distance	25
Specialties :	General Dentistry, Oral & Maxillofacial Surgery, Pediatric Dentistry

General Dentistry

Hoppe, Thomas H | New Dimensions in Health care | 40 Wall St., AMSTERDAM NY, 12010 | 13.5 Miles | (518) 843-2575

Specialties : General Dentistry | **Gender** : Not Specified | **Languages Spoken** : English | **Accepting New patients** : Yes | **Board Certified** : No

Mori, Judith | New Dimensions in Health care | 40 Wall St., AMSTERDAM NY, 12010 | 13.5 Miles | (518) 843-2575

Specialties : General Dentistry | **Gender** : Female | **Languages Spoken** : English, Portuguese, Spanish | **Accepting New patients** : Yes | **Board Certified** : No

Mukherjee, Subrata | New Dimensions in Health care | 40 Wall St., AMSTERDAM NY, 12010 | 13.5 Miles | (518) 843-2575

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English, Portuguese, Hindi, Spanish, Bengali | **Accepting New patients** : Yes | **Board Certified** : No

Regal, Maria E | New Dimensions in Health care | 40 Wall St., AMSTERDAM NY, 12010 | 13.5 Miles | (518) 843-2575

Specialties : General Dentistry | **Gender** : Female | **Languages Spoken** : English, Spanish | **Accepting New patients** : Yes | **Board Certified** : No

Hariri, Maryam | maryam hariri | 368 Broadway Ste 18, SARATOGA SPRINGS NY, 12866 | 13.7 Miles | (518) 450-7111

Specialties : General Dentistry | **Gender** : Female | **Languages Spoken** : English | **Accepting New patients** : Yes | **Board Certified** : No

Zandieh, Kayhan S | Johnstown Family Dental, PLLC | 700 Fon Clair St, JOHNSTOWN NY, 12095 | 17.3 Miles | (518) 762-1990

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English, Persian, Farsi, Spanish | **Accepting New patients** : Yes | **Board Certified** : No

Boolchandani, Mohan K | Mohan K Boolchandani DDS | 7 S William St, JOHNSTOWN NY, 12095 | 17.6 Miles | (518) 762-8860

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English | **Accepting New patients** : Yes | **Board Certified** : No

Abdul-Haqq, Jeremy J | McDonnell and McMahon Pediatric Dentistry PLLC | 713 Pierce Road, CLIFTON PARK NY, 12065 | 20.2 Miles | (518) 373-1181

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English | **Accepting New patients** : Yes | **Board Certified** : No

Chen, Lawrence | McDonnell and McMahon Pediatric Dentistry PLLC | 713 Pierce Road, CLIFTON PARK NY, 12065 | 20.2 Miles | (518) 373-1181

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English, Chinese, Spanish, Mandarin Chinese | **Accepting New patients** : Yes | **Board Certified** : No

Zhownirovych, Solomia | McDonnell and McMahon Pediatric Dentistry PLLC | 713 Pierce Road, CLIFTON PARK NY, 12065 | 20.2 Miles | (518) 373-1181

Specialties : General Dentistry | **Gender** : Female | **Languages Spoken** : Ukrainian, English | **Accepting New patients** : Yes | **Board Certified** : No

Abdullah, Sinan A | Hometown Health Centers Dental at McClellan St | 600 McClellan St Dental Suite, SCHENECTADY NY, 12304 | 22 Miles | (518) 370-1441

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English, Spanish | **Accepting New patients** : Yes | **Board Certified** : No

Forhad, Mohammed | Hometown Health Centers Dental at McClellan St | 600 McClellan St Dental Suite, SCHENECTADY NY, 12304 | 22 Miles | (518) 370-1441

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English | **Accepting New patients** : Yes | **Board Certified** : No

Khair, Mohammed A | Hometown Health Centers Dental at McClellan St | 600 McClellan St Dental

Suite, SCHENECTADY NY, 12304 | 22 Miles | (518) 370-1441

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English, Urdu, Spanish |

Accepting New patients : Yes | **Board Certified** : No

O'Neil, Trevor N | Hometown Health Centers Dental at McClellan St | 600 McClellan St Dental Suite, SCHENECTADY NY, 12304 | 22 Miles | (518) 370-1441

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English, Spanish | **Accepting New**

patients : Yes | **Board Certified** : No

Ogden, Rory A | Hometown Health Centers Dental at McClellan St | 600 McClellan St Dental Suite, SCHENECTADY NY, 12304 | 22 Miles | (518) 370-1441

Specialties : General Dentistry | **Gender** : Female | **Languages Spoken** : English | **Accepting New**

patients : Yes | **Board Certified** : No

Perry-Friedman, Henry N | Hometown Health Centers Dental at McClellan St | 600 McClellan St Dental Suite, SCHENECTADY NY, 12304 | 22 Miles | (518) 370-1441

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English | **Accepting New patients** :

Yes | **Board Certified** : No

Tadele, Demisse | Hometown Health Centers Dental at McClellan St | 600 McClellan St Dental Suite, SCHENECTADY NY, 12304 | 22 Miles | (518) 370-1441

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English | **Accepting New patients** :

Yes | **Board Certified** : No

Wasacz, Colin | Hometown Health Centers Dental at McClellan St | 600 McClellan St Dental Suite, SCHENECTADY NY, 12304 | 22 Miles | (518) 370-1441

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English | **Accepting New patients** :

Yes | **Board Certified** : No

Mostavi, Atefeh | Denna Dental | 15 Clifton Country Rd #5, CLIFTON PARK NY, 12065 | 22.1 Miles | (518) 693-1747

Specialties : General Dentistry | **Gender** : Female | **Languages Spoken** : English, Gujarati, Hindi,

Spanish | **Accepting New patients** : Yes | **Board Certified** : No

Elsafy, Tarek Y | Waterview Family Dentistry PC | 492 Hudson Ave P O Box 717, STILLWATER NY, 12170 | 23.1 Miles | (518) 664-8918

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : Arabic, English, Spanish, French | **Accepting New patients** : Yes | **Board Certified** : No

Szymczak, Robert S | Robert Szymczak Family Dentistry | 116 County Highway 155, BROADALBIN NY, 12025 | 8.5 Miles | (518) 883-8585

Specialties : General Dentistry | **Gender** : Male | **Languages Spoken** : English | **Accepting New patients** : Yes | **Board Certified** : No

McNeal, Sandra | Dahlia Dental | 4298 State Highway 30, AMSTERDAM NY, 12010 | 9.6 Miles | (518) 842-0800

Specialties : General Dentistry | **Gender** : Female | **Languages Spoken** : English | **Accepting New patients** : Yes | **Board Certified** : No

Oral & Maxillofacial Surgery

Fox, John M | Dr John M Fox | 101 E State St, GLOVERSVILLE NY, 12078 | 14.2 Miles | (518) 725-4216

Specialties : Oral & Maxillofacial Surgery | **Gender** : Male | **Languages Spoken** : English, Spanish | **Accepting New patients** : Yes | **Board Certified** : Yes

Garcia Rivera, Hiram A | Dr John M Fox | 101 E State St, GLOVERSVILLE NY, 12078 | 14.2 Miles | (518) 725-4216

Specialties : Oral & Maxillofacial Surgery | **Gender** : Male | **Languages Spoken** : English, Spanish | **Accepting New patients** : Yes | **Board Certified** : No

Weiss, Stephanie R | Dr John M Fox | 101 E State St, GLOVERSVILLE NY, 12078 | 14.2 Miles | (518) 725-4216

Specialties : Oral & Maxillofacial Surgery | **Gender** : Female | **Languages Spoken** : English, Spanish |
Accepting New patients : Yes | **Board Certified** : No

Wadhwa, Gurinder S | Hometown Health Centers Dental at McClellan St | 600 McClellan St Dental Suite, SCHENECTADY NY, 12304 | 22 Miles | (518) 370-1441

Specialties : Oral & Maxillofacial Surgery | **Gender** : Male | **Languages Spoken** : English, Hindi, Panjabi | **Accepting New patients** : Yes | **Board Certified** : Yes

Pediatric Dentistry

Koster, Karissa R | McDonnell and McMahon Pediatric Dentistry PLLC | 713 Pierce Road, CLIFTON PARK NY, 12065 | 20.2 Miles | (518) 373-1181

Specialties : Pediatric Dentistry, General Dentistry | **Gender** : Female | **Languages Spoken** : English |
Accepting New patients : Yes | **Board Certified** : No

